

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69/07	10/7/06
O.I.P.E. CLASSIFIER		59	10/14
FORMALITY REVIEW	DS	71702	10-27

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	X		10-10-06
2		X	10-10-06
3		X	10-10-06
4		X	10-10-06
5		X	10-10-06
6		X	10-10-06
7		X	10-10-06
8		X	10-10-06
9		X	10-10-06
10		X	10-10-06
11	X		10-10-06
12		X	10-10-06
13		X	10-10-06
14		X	10-10-06
15		X	10-10-06
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24		X	
25		X	
26		X	
27		X	
28		X	
29		X	
30		X	
31		X	
32		X	
33		X	
34		X	
35		X	
36		X	
37		X	
38		X	
39		X	
40		X	
41		X	
42		X	
43		X	
44		X	
45		X	
46		X	
47		X	
48		X	
49		X	
50		X	

Claim	Final	Original	Date
51	X	7-10-07	7-9-07
52		X	7-10-07
53		X	
54		X	
55		X	
56		X	
57		X	
58		X	
59		X	
60	X		
61	X		
62	X		
63	X		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here